STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001142	A. BUILDING _____ B. WING _____	R 02/26/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE KNOLL ASSISTED LIVING CENTER	607 WILSON CREEK RD LAWRENCEBURG, IN 47025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on December 20, 2012. Survey date: February 26, 2013 Facility number 001142 Provider number: 001142 AIM number: N/A Survey team: Sharon Lasher, RN, TC Leslie Parrett, RN Census bed type: Residential: 17 Total: 17 Census payor type: Other: 17 Total: 17 Sample: 3 Pine Knoll Assisted Living Center was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality review 2/27/13 by Suzanne Williams, RN	{R 000}		